

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/1526300 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1	1	1		
3	2		1			
4	2		1			
5						
6	1		1			
7						
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	17	←	19	←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←	17	←	19	←	←
TOTAL CLAIMS						